

State of Delaware Group Health Insurance – Open Enrollment
2012 COBRA Continuant Costs
Effective July 1, 2012 through June 30, 2013

Rates below reflect 100% of Monthly Premium (rates include a 2% administration fee).

MEDICAL – Monthly Premiums

Plan Name	Individual	Individual + Spouse	Individual + Child (ren)	Family
BCBS of DE – First State Basic	524.85	1,085.95	797.84	1,357.48
Aetna HMO	547.96	1,155.29	838.24	1,441.57
BCBS of DE – Blue Care® HMO	548.41	1,158.94	839.07	1,445.97
Aetna CDH Gold	543.21	1,126.35	829.97	1,430.92
BCBS of DE – CDH Gold	543.21	1,126.35	829.97	1,430.92
BCBS of DE – Comprehensive PPO	599.21	1,243.42	923.49	1,554.46
BCBS of DE – Special Medicfill w/ RX	422.55	N/A	N/A	N/A
BCBS of DE – Special Medicfill w/o RX	195.60	N/A	N/A	N/A
BCBS of DE – Port Corporation	454.22	1,125.11	683.55	1,136.30
Please note: Premium rates listed above are subject to change.				

DENTAL – Monthly Premiums

Plan Name	Individual	Individual + Spouse	Individual + Child (ren)	Family
DELTA DENTAL – PPO PLUS PREMIER	32.25	65.83	64.61	107.81
DOMINION DENTAL – HMO	23.13	42.98	46.33	62.89
Please note: Premium rates listed above are subject to change.				

VISION – Monthly Premiums

Plan Name	Individual	Individual + Spouse	Individual + Child (ren)	Family
EyeMed Vision Care - VISION PLAN	6.24	9.83	10.04	16.20
Please note: Premium rates listed above are subject to change.				